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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number New		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X						51	X		101	X	X
2		X					52		X	102	X	X
3		X					53	X		103		X
4		X					54	X		104	X	
5		X					55	X		105	X	
6	X						56	X		106	X	
7		X					57	X				
8		X					58	X				
9		X					59	X				
10		X					60	X				
11	X						61		X			
12		X					62	X				
13		X					63		X			
14		X					64		X			
15		X					65		X			
16	X						66		X			
17		X					67		X			
18		X					68		X			
19		X					69	X				
20		X					70		X			
21		X					71	X				
22		X					72	X				
23		X					73	X				
24		X					74	X				
25		X					75	X				
26		X					76	X				
27		X					77	X				
28		X					78	X				
29	X						79	X				
30		X					80		X			
31		X					81		X			
32		X					82		X			
33		X					83		X			
34	X						84	X	X			
35		X					85					
36		X					86		X			
37		X					87		X			
38		X					88		X			
39		X					89		X			
40		X					90		X			
41		X					91		X			
42		X					92	X				
43		X					93	X				
44		X					94	X	X			
45		X					95		X			
46	X						96		X			
47		X					97		X			
48		X					98		X			
49		X					99	X				
50	X						100		X			
Total Indep							Total Indep				37	
Total Depend							Total Depend				69	
Total Claims							Total Claims				106	

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